

## **Introduction**

Septal deviations are extremely common, but are not usually severe enough to affect nasal function. Many septal deviations are due to direct trauma and this is frequently associated with damage to other parts of the nose such as fracture of nasal bones. In many patients there is no obvious history of trauma. (*Bothra and Mathur, 2009*).

Surgery on a deviated nasal septum has seen several modifications since its inception, starting from radical septal resection to mucosal preservation and subsequent preservations of the possible septal framework (*Freer, 1902; Metzenbaum, 1929; Galloway, 1946; Cottle et al., 1958; Maran, 1974*).

Recently, the emphasis has been on conservation of the septal framework rather than resection, as the former gives rise to lesser complications, allows concomitant rhinoplasty or a revision surgery later and moreover conservative surgery can be safely performed in children, without fear of a possible poor development of the midface. (*Nayak et al., 1998*).

Endoscopic septoplasty is an attractive alternative to traditional "headlight" approaches to septoplasty (*Getz and Hwang, 2008*). The application of endoscopic techniques to the correction of septal deformities was initially described in 1991 by both Lanza et al. and by Stammberger. In 1993, Lanza et al. described a detailed endoscopic approach for the treatment of isolated septal spurs.

The advantages of this technique are: (*Hwang et al., 1999*).

- The ability to reduce morbidity and postoperative swelling in isolated septal deviations by limiting the dissection to the area of the deviation. It is valuable in the patients who have undergone prior septal cartilage resection.

- It improves visualization, particularly in posterior septal deformities.
- It improves surgical transition between septoplasty and sinus surgery.
- Minimal dissection results in less postoperative oedema, less need for packing and decreased hospital stay period with early resumption of normal routine activity.

Endoscopic septoplasty is an excellent teaching tool when used in conjugation with video monitors and recording. (*Ranjan et al., 2009*).

Also, endoscopic aided technique was found to be more effective in relieving the contact areas and nasal obstruction (*Nayak et al., 1998*), and simultaneous sinus surgery can be done without the fear of lateralization of the middle turbinate and consequent synechiae formation (*Gupta, 2005*)